

EDITORIAL

ASTHMA CONTROL

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Over the last three decades, our understanding of asthma has changed from allergen-induced bronchoconstriction to inflammatory disease. Consequently the shift of priority in managing asthma has shifted from symptom relief to achieving long term stability; this includes freedom from symptoms, reducing exacerbations, minimizing hospitalizations and achieving nearly normal activities and lung function.¹

More recently, experts around the world are emphasizing on *control* of asthma as marker of improvement. It is essentially an aggressive approach with more or less same criteria, eg use of rescue inhaler less than thrice per week, or less than once per night per week, as before².

For physicians dealing with asthma patients, it is always intriguing why patients continue to turn up again and again with exacerbations when achieving control by appropriate counseling and pharmacotherapy has been briefed to them and is possible? The answer can be difficult to obtain; certainly is not as simple as it seems.

Firstly the onus has to be primarily with the physician; his understanding of the disease management, his counseling skills and over and above, time given for patients' education. Then there is always the widely different belief of 'triggers' between patients and their doctors. For the average person in this country, like many others, it's the food, cold drinks and the like; for the later it is the environmental allergens, the dust, pollen, and aerosols etc^{3,4}.

On the other hand, like with all chronic disease, patients' compliance is poor. They stop medicines as soon as they feel better. This itself is probably multi-factorial; in our country especial factors include affordability of therapy, their belief in the therapy offered, resorting to alternative medicine and their want of cure, among many others. One important factor that is similar yet has wider and perhaps different implications is the patient's *expectations*; what does he expects from therapy? Is it only cure that patients want from treatment? Perhaps not.

Studies have looked into the patient's perspective and have stressed on understanding their values^{5,6}. It has commonly been observed that patients, in general, accept a certain level of asthma as 'normal daily life'. If this is allowed to go too far, it does have negative implication to their future lung function apart from increasing exacerbations. So from our side, it is as important to educate the patient what *he* should expect, as much as what we do. It is always difficult to tell the other person what he should have! However if it is not done, ultimate goal of asthma control may never be achievable.

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